

USING THE PROTECTIVE SUPERVISION EXCEL TOOL

Enter the number of hours to be purchased for each task. When entering numbers into the field, some require weekly and some monthly totals. When you plug in Monthly, the program will calculate the weekly number automatically.

	Auth to Purch
AA Domestic	Monthly
BB Meal Prep	Weekly
CC Meal Cleanup	Weekly
DD Laundry	Weekly
EE Food Shop	Weekly
FF Errands	Weekly
GG Heavy Clean	Monthly
HH Respiration	Weekly
II Bowel & Bladder	Weekly
JJ Feeding	Weekly
KK Bed Bath	Weekly
LL Dressing	Weekly
MM Menstrual	Weekly
NN Ambulation	Weekly
OO Transfer	Weekly
PP Bathing	Weekly
QQ Rubbing	Weekly
RR Prosthesis	Weekly
SS Accomp to MD	Weekly
TT Accomp to Other	Weekly
UU Grass	Monthly
VV Ice	Monthly
XX T&D	Weekly
YY Paramedical	Weekly

Notes:

SI/NSI: Enter **S** for Severely impaired or **N** for Nonseverely Impaired

PCSP (Y/N) Enter **Y** if the consumer is PCSP eligible and **N** if consumer is Waiver or Residual

IHSS to Comp/WK If the client lives with another IHSS recipient, enter the monthly hours authorized to that person, **UNLESS** that person is also authorized PS. Do not enter anything here for clients who will also be authorized PS.

PS Housemates Enter the number of other IHSS clients living with this recipient who are also authorized PS.

AltRes for PS If the client has a formal or informal alternative resource that provides protective supervision time, enter the number of hours per week here. **For example;** if the client attends Adult Day Health, enter the number of hours per week the client attends the center plus the weekly hours spent traveling to and from the Center. If a daughter tells you she is willing to provide care for her mother without reimbursement, but wants time away for herself on a weekly basis, enter the number of weekly hours she intends to volunteer.

For ProtSup	on line WW, enter the following	NOTES:
Total Need		Total=24hr x 7 days
Adjustment		IHSS services identified
IndNeed		Total need minus the adjustments (calculated by CMIPS)
AltResource		Need left to be provided by alternative resources to meet 24-hour need-IHSS will not pay
Purchase		IHSS services provided for PS (calculated by CMIPS)